



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 10/701,237  
Applicant : Douglas S. Martin  
Filed : November 4, 2003  
Title : LINERLESS DISPENSING CAP  
TC/A.U. : 1732  
Examiner : Monica A. Huson  
Docket No. : 33583US2  
Customer No. : 038598

Mail Stop AF  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**AMENDMENT AFTER FINAL REJECTION UNDER 37 C.F.R. § 1.116**

Sir:

In response to the Office Action mailed August 23, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

37587052

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS	14	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	14 minus 20 =	-6
INDEPENDENT CLAIMS	7 minus 3 =	4
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	4/10/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	16	Minus	20	=
	Independent	3	Minus	3	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

AMENDMENT B	11/11	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	16	Minus	20	=
	Independent	3	Minus	3	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus		=
	Independent		Minus		=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	385

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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